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Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

On January 12, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Humbly Rora

632
DFW
PATENT

Docket No.: 20553D-000611US
Client Ref. No.: CVG-5469(2)(DIV)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Arnold J. Levine, et al.

Application No.: 09/782,650

Filed: February 12, 2001

For: TARGETED ANGIOGENESIS

Confirmation No. 7053

Examiner: Ram R. Shukla

Art Unit: 1632

STATUS INQUIRY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

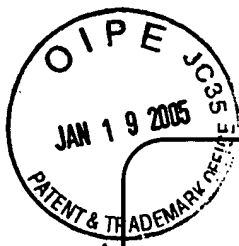
In response to the Notice of Suspension mailed June 14, 2004, Applicants request an update as to the status of the application.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 925-472-5000.

Respectfully submitted,

Frank J. Mycroft
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Reg. No. 46,946

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60397225 v1



PTO/SB/21 (09-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

09/782,650

Filing Date

February 12, 2001

First Named Inventor

Levine, Arnold J.

Art Unit

1632

Examiner Name

Ram R. Shukla

Attorney Docket Number

20553D-000611US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Status Inquiry |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | Return Postcard |
| | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Frank J. Mycroft

Date

January 12, 2005

Reg. No.

46,946

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name

Kimberly Rosa

Date

January 12, 2005